

Case Number:	CM13-0057687		
Date Assigned:	12/30/2013	Date of Injury:	04/16/2012
Decision Date:	04/03/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with the date of injury of April 16, 2012. A utilization review determination dated November 6, 2013 recommends non-certification of second C5-C6 bilateral cervical epidural under fluoroscopic guidance. The previous reviewing physician recommended non-certification of second C5-C6 bilateral cervical epidural under fluoroscopic guidance due to lack of documentation of functional improvement or pain medication reduction following the previous epidural and evidence of neuroanatomical compromise on MRI. An MRI of the cervical spine without contrast dated August 7, 2013 Impression identifies muscle spasm. Multilevel disc desiccation at C5-C6 there is a 2 - 3 mm annular bulge with mild biforaminal stenosis. A Follow Up Evaluation dated October 29, 2013 identifies she did get greater than 50% reduction of pain with the initial injection. Physical Examination identifies tenderness to palpation over the cervical spine in the right paraspinous region. There is documented decreased sensation in the right forearm and right thumb as compared to the left. Assessment identifies multiple level cervical disc degeneration and foraminal stenosis, cervicgia with bilateral cervical radiculitis. Plan includes a second cervical epidural injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Second C5-C6 bilateral cervical epidural under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections ESIs Page(s): 46.

Decision rationale: Regarding the request for second C5-C6 bilateral cervical epidural under fluoroscopic guidance, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, findings do support a diagnosis of radiculopathy. However, the MRI does not support radiculopathy at the proposed level of the epidural steroid injection. While there is mention of greater than 50% reduction of pain with the initial injection, there is no documentation of functional improvement, with associated reduction of medication use for six to eight weeks. In the absence of such documentation, the currently requested second C5-C6 bilateral cervical epidural under fluoroscopic guidance/interpretation of radiograph films is not medically necessary.